

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K16458 (7)
1. Corporation Name
CARPA INVESTMENTS, INC.

Principal Place of Business
2150 NW 70TH AVENUE
MIAMI FL 33122
US

Mailing Address
2150 NW 70TH AVENUE
MIAMI FL 33122-1814
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1988		3a. Date of Last Report 02/26/1996	
21		26		4. FEI Number 65-0063076		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD 1800 MIAMI CENTER MIAMI FL 33131				10. Name and Address of New Registered Agent			
81 Name				Fernando Paiz			
82 Street Address (P.O. Box Number is Not Acceptable)				2150 NW 70 Ave			
83							
84 City				Miami		FL 85 Zip Code	
						33122	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: FERNANDO PAIZ DATE: 3-27-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS	PAIZ, FERNANDO	<input type="checkbox"/> DELETE	11 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAIZ, FERNANDO			12 NAME			
STREET ADDRESS	2150 N.W. 70TH AVE			13 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			14 CITY - ST - ZIP			
TITLE	D	PAIZ, CARLOS	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAIZ, CARLOS			22 NAME			
STREET ADDRESS	2150 N.W. 70TH AVE			23 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			24 CITY - ST - ZIP			
TITLE	D	PAIZ, RODOLFO	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAIZ, RODOLFO			32 NAME			
STREET ADDRESS	2150 N.W. 70TH AVE			33 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			34 CITY - ST - ZIP			
TITLE	D	SERRA, ISABEL	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SERRA, ISABEL			42 NAME			
STREET ADDRESS	2150 N.W. 70TH AVE			43 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			44 CITY - ST - ZIP			
TITLE	D	PAIZ, SERGIO	<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAIZ, SERGIO			52 NAME			
STREET ADDRESS	2150 N.W. 70TH AVE			53 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			54 CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fernando Paiz DATE: 3/12/97 (305) 470-0000 x109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0163088

CR2E034 (9/96)